S. No. 2
M—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 6 1948

Registration District No. 56

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

1496

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Retta Beezley
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: F 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Clarence E. Beezley
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 29 (Day) 1888 (Year)

8. AGE: Years 59 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace: Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Murphy
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rhoma Rowden
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: St. John's Hospital
(b) Address: Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 1-20-48 (Date received local registrar) (b) Dolores Hampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1948 hour 1: minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 28, 1947 to Jan 16, 1948 that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vas disease with myocarditis	4 da.
Due to: Duodenal Ulcer	???
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 9 3 F	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: G. L. Crawford (M. D. or other)
Address: Joplin Mo. Date signed: 1/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.